



Making Involvement Matter in Essex

Impact of Changes to Day Services Commissioned by Essex County Council in North Essex, Wickford, Rochford & Castlepoint

With thanks to

- The many service users and carers who helped us to undertake the evaluation and compile this report
- The Day Services provider organisations who publicised the events and helped us to access as many service users and carers as possible
- The commissioners who have demonstrated their commitment to developing day services by asking for this evaluation

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Introduction

In their report on the consultation on Day Services Modernisation, Essex County Council (ECC) and the North Essex PCTs committed themselves to commission an evaluation of the impact and implementation of the new model after it had been running for 18-24 months. MIME was asked to carry out this evaluation and following discussions with commissioners a proposal was agreed. (Appendix A)

The brief was to assess how day services have been implemented since the review that informed the modernisation initiative. The aim was to assist commissioners to assess how services are performing against their service specifications and to make a judgement on whether the service specification and subsequent delivery has met their expectations around impact and outcomes.

The day services to be included were those commissioned by ECC in North Essex, Wickford and Rochford and Castlepoint. Commissioners wished us to seek the opinions of:

- Current users of at least one aspect of the revised services
- People who used the previous services but do not use the current services
- People who have used the new services but no longer do so
- People who are eligible to use the new services but do not do so
- Carers of people who use and who do not use the day services.

In order to involve as wide a range of people as possible from the groups outlined above we proposed using three main approaches:

1. Consultation meetings with service users and carers from the relevant localities
2. Visits to peer support groups
3. A web-based survey.

For the consultation meetings and peer support group visits, service user members of the MIME team and the Service User Advisory Group (SUAG) were involved in drafting the proposal, gathering information and analysis. A training day for service user facilitators and note takers was held on 4th October, followed by a feedback/supervision session on 28th November. Facilitators had the opportunity to contribute to the analysis which was discussed by the SUAG on 15th December. A draft report was then circulated to members of the SUAG who had been involved in the evaluation and the MIME team for discussion and feedback before the report was finalised.

Publicity was sent out via our Newsletter and flyers to Day Services provider organisations. The aim of the evaluation was to seek the views of the groups outlined above so topic guides were drafted to frame discussions for the separate groups. They were trialled on the training day and finalised with minor adjustments (Appendix B). We decided to arrange consultation meetings first and then follow up visits to peer support groups in areas not covered by the main events. Day service providers were approached in order to facilitate access to service users who are using the current services.

The web based survey was developed and analysed in consultation with the recently established North Essex Research Network, a service user research group developed through the MIME project which gives service users in north Essex the opportunity to get involved in research activities. The survey is the subject of a separate report but the results will be considered where relevant in the final section of this report.

Response to Consultations

Opportunities to be involved in the evaluation were offered in the following areas:

Area	West	Mid	North East	Wickford, Rochford & Castlepoint
Provider	West Essex Mind	Rethink	Colchester Mind	Rethink
Venues	Epping Harlow Dunmow ▲	Chelmsford * Braintree Maldon Halstead ◇	Colchester * Clacton	Wickford *

* Two events took place in these towns as attendance at the initial consultation events was disappointing

◇ Independent Peer Support Group

▲ Included service users from Saffron Walden

Total attendance in each locality was as follows:

- West Essex 62 participants
- Mid Essex 37 participants
- North East Essex 30 participants
- Wickford, Rochford and Castlepoint 10 participants.

As the figures illustrate response was strong in West Essex but relatively low in Wickford, Rochford and Castlepoint. MIME membership is lower in that area so to compensate we visited the provider organisation at the beginning of the evaluation to publicise our first event which we arranged to hold very close to their day centre. Staff were welcoming and promised to publicise the event which they were hopeful would be well attended. However, only one person using their service attended. We therefore sought permission to talk to service users attending a group at the centre in order to gather further information. Unfortunately this took a considerable amount of time to arrange and the meeting only took place on 14th December, which left it too late to arrange any further meetings in that area.

Although we would have preferred to meet with a larger number of participants, arranging and supporting the number of activities involved in the evaluation was a considerable achievement. This involved:

- Delivering a training day for service user facilitators and note takers
- Holding a supervision session to evaluate what went well and less well and to identify training needs for future evaluations
- Arranging two meetings of the North Essex Research Network to work on developing the web based questionnaire and analysing the data
- Organising publicity and booking venues
- Booking and supporting service user facilitators for 13 events which involved facilitating 18 groups
- Taking bookings and communicating with services and individual service users.

All of the consultations followed a structured approach. The facilitator, note taker and any other MIME members first introduced themselves and then invited participants to briefly

introduce themselves. Our overall aim was to ensure people were as comfortable as possible and that the experience was productive and enjoyable. We then ensured that everyone had completed an expenses claim form and provided people with the background to this piece of work, emphasising that it was a mid-term review on behalf of Essex County Council service commissioners. In order to manage expectations, we pointed out that there could be no guarantees as to what would happen in response to the report, but that it would be valuable in informing service commissioners. We reassured participants that confidentiality would be respected and therefore no names or identifying information would be used in the report. Participants were advised that, with commissioners' permission, the report would be published on the MIME website and that copies could be e-mailed out on request. The facilitator used an interview schedule in order to ensure a consistent approach and the note taker recorded the necessary detail and asked for clarification where necessary.

Results

Please note we have included some of the comments made by service users about services which are outside the scope of this evaluation only to indicate the wider context in which service users are seeking support.

West Essex

West Essex Mind is commissioned to provide a day service in the area. They offer a range of group activities, which includes some drop-in hours as well as activity groups and bridge builder services. We arranged consultations in Epping and Dunmow and publicised them through our database and networks. West Essex Mind offered us space in their new building in Bush Fair in Harlow and we held an additional event there.

Epping

We attracted enough participants to run three discussion groups at this event. Twenty-eight individuals attended, including one carer. Twelve people had not previously been to a MIME event. Of the 28 participants only six completed the questions on the monitoring form in relation to current use of services. Five were current users of the groups run by Mind and two mentioned a bridge builder. One participant reported using the 'old service' and five specifically mentioned 'Spanners'. The rest either mentioned other services provided by the voluntary sector or NHS Trust services, or chose not to complete this section of the monitoring form. With the exception of the carer who attended the majority of participants indicated that they had used previous services.

It was apparent that many of the service users and carers who attended felt quite strongly that they lived in a neglected area in terms of service provision. When invited to talk about the services they were aware of, the majority talked of services lost:

- Spanners
- Stepping Stones
- Roding House
- a reading group in Waltham Abbey.

or services which were strictly time limited such as:

- a Mind Reading group (12 weeks)
- Art Group (6-12 sessions)
- Bridge Building (participants reported 3-4 weeks but we understand it is longer).

They pointed out that Mind was the only provider as Rethink does not have a service in the area.

However, some participants were rather more positive about the open access sessions, bridge building and befriending provided by West Essex Mind:

‘Loughton is good but you only get between 6 & 12 sessions.’

‘The Mind reading group on a Thursday is excellent – I really enjoy it. Mind threatened to close this service but local service users campaigned and it has remained open but it’s not wheelchair accessible.’

‘Bridge building from Mind but this is limited to 3-4 weeks only.’

‘The Mind befrienders are providing some level of empowering services by taking people out, supporting and encouraging service users etc.’

Participants also commented positively about using time limited reading and art groups provided by Mind and a monthly ‘Refresh’ art group.

Other positive comments concerned NHS Trust services (a day unit and the CHRT service in Harlow) and other voluntary sector services, including groups run by staff formerly employed by Cornerstone in Harlow and carried on independently when Cornerstone closed and services provided by NACRO.

The overwhelming majority talked of liking the services provided prior to modernisation which not only gave them opportunities to get together with other service users for peer support but also provided a forum for exchanging information. They also missed the trips out they had with the old service and the support for volunteering that they provided.

Changes in service provision were attributed to central and local government or commissioners but many said they did not know how they happened.

When asked about the impact of the changes they reported increased:

- Anxiety
- Depression
- Isolation
- Distress.

There were also concerns that people are being admitted to hospital where the old service would have provided sufficient support to avoid admissions. Some felt it was harder to get social support since the changes and gave examples relating to Trust services.

Several people felt that Mind’s approach was regimented and inflexible and that staff lacked empathy, in contrast to the old service they received from Spanners which was described as flexible, accommodating and user focussed. In one case the Mind worker

was described as 'intimidating'. Other issues raised included:

- A vacuum between old services closing and new ones starting up
- Too much emphasis on throughput and getting people out to work
- Services which started in Harlow too early for people to travel from Loughton
- No support for volunteering
- Promises given when the old services closed which were said not to have been kept, for example:

'Service users were told that Mind would provide an equal, if not better service, but the outcomes have been very disappointing'.

'Service users were told that services would be allocated and provided in Epping Forest, but what has been provided has left a lot to be desired'

'A service commissioner gave assurances to service users that services would not be retracted or reduced – this was a false assurance'.

One or two people had no experience of the previous service and so did not comment.

A few people reported using services provided by West Essex Mind in Harlow and a few were engaging with bridge builders. The majority seemed to be relying on support from CMHTs, Outreach Team, the Derwent Centre and groups provided at Latton Bush. One individual reported being well supported by the New Horizons service provided by Open Road.

In relation to whether the new services helped individuals to join in activities in their local communities, some people attended a Folk Club in Loughton but would have preferred something with other users of mental health services. Others reported socialising with other service users in their own homes but seemed to view that in a negative way. They had a strong sense that the hospitality, refreshments and safe environment which they experienced when meeting in each others' homes should be provided for them by a social care support service.

There were mixed views on the experience of being supported by bridge builders. For example, one person spoke of feeling let down by a bridge builder who he felt had built up his expectations and confidence but not delivered. However, another found the bridge builder helpful in terms of support with problems they had with the council and looking at a volunteer placement, but felt that three months was not long enough to build trust and achieve what he hoped to. Overall, he expressed the view that he had no faith in day services.

When asked whether the new services support wellbeing and recovery there was a resounding 'No'. One or two individuals said they liked going to the new service but it didn't help. Befrienders did receive positive feedback and were described as supportive and encouraging.

Various reasons were given for not using the new services. They were described as:

- Depressing
- Watered down

- Unsafe – staff in the old service were able to deal with an array of problem situations but the new ones can't
- Built around the perspective of government not service user
- Not what people want.

Many said that the time limited nature of support put them off using bridge builder services.

When asked about how the changes were introduced and what might have made the change easier for service users there were a number of recommendations:

- Ask service users what types of service they would like
- Keep individuals better informed when changes are made
- Avoid a vacuum when there is a change from one service to another.

If the participants could change one thing the overwhelming wish was for a 24-hour house run by service user volunteers. User led services were thought to be the answer: 'give us the money and let us provide our own services'. They wanted more of a focus on self help/peer support groups and suggested monthly meetings of service users to discuss and monitor services, with more interaction with commissioners.

Many wanted more opportunities to get together socially for meals and trips. One felt that the bridge builders needed to:

- Develop a better assessment process
- Have more insight into people's mental health condition and the impact it had on them
- Acquire more knowledge of local services in order to signpost effectively.

Some reported that when they had accessed Spanners service users were asked appropriate questions about their mental health needs, medication, etc. They said that Mind do not ask such questions and that this had led to the perception that they do not seem very interested in individuals, which some service users reported as a reason for feeling unsafe when attending Mind services.

In terms of general comments there was a view that services seem to focus on pushing service users out into society to do things on their own while service users want to feel connected to and supported by each other.

Dunmow

We decided to hold an event in Dunmow both because we had not previously had an event there, and because two members of the SUAG use the services provided by West Essex Mind in that area and were able to help with recruitment. Eighteen people attended of whom 13 were new to a MIME consultation event. In addition to service users and carers from Dunmow a significant number of individuals travelled from Saffron Walden to take part in the event.

Of the 18 participants, nine were users of the current services. Two had used the previous services but did not use the new services and one had used the current service but no longer did so. The majority of current service users mentioned use of groups/activities and two specifically mentioned having a bridge builder. Six participants did not complete this section of the monitoring form.

The majority of participants identified themselves as service users. Two identified themselves as carers and one individual identified as both.

Unlike the service users from the Epping event, participants described a range of activities of which they were aware and in many cases participated in. These included a combination of NHS Trust, Mind and local church activities plus some peer support opportunities which service users had created following the closure of the drop-in they previously used.

There was also significantly more positive feedback on Mind services at this event:

- One female participant reported a very positive experience of appropriate and timely support which enabled her to move on following a distressing period in her life when she became very isolated and lacking in confidence. She said she benefited most from the peer support offered in the groups to the extent that she has now made friends who she sees outside the groups and no longer needs to use the service.
- A male service user who had become unwell and who had been able to access a variety of services reported very positive experiences of Mind services.
- Others reported positive signposting by bridge builders to local church groups which have coffee mornings for anyone who is isolated, commenting that this helps to facilitate greater use of mainstream services.
- One person commented 'My life was a complete mess until I came to the Mind group.'

The sports activities supported by Mind also led on in some cases to use of mainstream services like the Essex Legacy walks:

'The health walk trainer takes some of the people on Essex Legacy Walks. One walk lasted for 7hrs 10 minutes which included 20 minute breaks and the walkers did 16.5 miles.'

Overall, more people seemed to use and prefer the groups to the 1:1 support offered by bridge builders. However, it is difficult to draw a definite conclusion as the consultation was taking place in a group situation and it is possible that those who prefer 1:1 bridge builder services are not so comfortable with groups and may have been less likely to attend. Equally, people who had been enabled by the bridge builders to move on from services may not have been aware of the event or seen a need to attend.

Although there were concerns about reduced services from Mind in the form of fewer drop-in hours these participants were less vociferous than their peers in Epping, perhaps because in the main their service was reduced rather than closed.

Like their peers in Epping they valued the previous services for similar reasons – the opportunities for peer support, the trips out, and the support for volunteering. Many reported that the reduced hours gave the impression that the staff didn't have time to provide the emotional support which was a valued part of the old service:

'I feel anxious going to the doctor but they can't come with me anymore'.

'Staff helped at first but since the changes I feel I have nobody I can confide in'.

'Bridge builders are tied up with 1:1 sessions and haven't got time for the group'.

There seemed to be a general perception that the quality of support provided has been affected by the reduction in hours. Some people mentioned heavy work loads for the bridge builders which meant they did not have time for people. Simple things caused dissatisfaction. For example, service users are expected to prepare the drinks in the new service rather than staff. Female participants didn't seem to mind helping out but did object to 'being used and not even being thanked for the work they put in'. One participant reported that it was a contributory factor in her disengaging from the service.

In answer to the question about how the changes were introduced the majority seemed to feel that there should have been more consultation and information from the provider. There seemed to be a perception that it was all organised through the committee and that service users were not involved in the decision making process.

Participants were aware of the need to save money but felt that better use could be made of volunteers. Several mentioned that it was difficult for service users to volunteer with Mind. They explained that this is because they are asked to refrain from social contact with their peers once they begin to volunteer and as they experience that as the most valued aspect of the service offered it puts them off. One person also mentioned not wishing to have a CRB check, which may inhibit others.

West Essex Mind has a website which has a lot of information about the services they provide but many participants are not able to access the internet. They felt a newsletter would be a useful addition to the service and would help to reduce dissatisfaction in relation to communication.

One participant suggested that only a minority of people want money to access the activities which meet the criteria for the social inclusion fund and that therefore the money would be better spent on providing more hours for peer support. They also reported that few people know how to access the fund and so it is under used.

Transport difficulties were given as one of the reasons why participants stopped accessing some services – they reported that a community transport service for rural areas was stopped due to lack of funds.

Harlow

West Essex Mind were concerned that we might not gain a balanced view of their services as a large number of people who had attended the Epping event were not engaging with the new service. They therefore offered us the use of their new Wellbeing Centre in Bush Fair for a further event. Eighteen people attended of whom 11 were new to MIME events. Two of the participants in the large group were from Harwich. They had been unable to attend the events in the North East so their comments will be included in the Clacton section.

Of the 18 participants, nine reported that they used the current services. The remaining nine did not complete that section of the monitoring form but as the event was taking place

in the Wellbeing Centre and the majority reported using at least one aspect of the current services in the discussion it is likely that the majority were also current users of the services.

We would have preferred to have split the large group into two to encourage participation but the room was not big enough. However, we were able to talk informally to an additional small group in the drop-in as well as the large group in the room provided. All participants used the new services. Of the six participants in the small group four had become unwell relatively recently so had not used the previous services.

In addition to the services provided at the centre participants accessed and commented positively about a range of activities provided by other organisations, which may be indicative of effective signposting by the day service:

‘... Had access through Zinc to a photography course .. visited and filmed the V Festival this year.’

‘Benefited from the holistic facilities at the counselling and life management centre (CALM) at Latton Bush.’

‘MCCH offers skills development.’

‘ADAS in Harlow is very good. They offer various services including an art group, group therapy, childcare etc.’

FNA offers training and personal development classes etc. They are very good at letting Mind know what is available.’

‘Bishopsfield Women’s Group provides various activities including short breaks and holidays for their client group.’

Like their peers at Epping they talked of services which had closed or were reduced:

- Cornerstone
- NACRO
- Maybury Day Centre.

Several were also not happy with the move from Spurriers to Bush Fair as they felt vulnerable in the shopping centre due to discriminatory remarks made by some shopkeepers.

When discussing day services provided by Mind, some participants made positive comments:

‘Since I came to Mind I haven’t looked back’

‘Mind offers home visits for those people who struggle to get out of their homes. Also they work with people to set goals, timelines, deadlines etc.’

However, a larger number of participants seemed less satisfied, as the following comments illustrate:

'I had a Community Bridge Builder (CBB) and felt forced back into work but it feels too soon for me.'

'My CBB gave me false hope and failed to deliver what they promised – three months is not long enough – I'm more depressed now.'

'The bridge builders often do not seem to have answers to the questions you ask them.'

'The service seems to be a bit hit and miss across the County – not everyone has one.'

'My CBB only wants to encourage me into voluntary work and I don't feel ready yet – I need to get stabilised again before getting involved in voluntary work opportunities.'

The small group had more positive things to say about the swimming, walking and reading groups which were provided for times when they felt well enough to use them and they all stated that they valued the support they gave each other:

'We support each other, meeting others in a similar position is where we get most of our support.'

'I get support from the other girls here and have built good friendships.'

'We get real support from each other, I have no friends of my own age and I never go out of the house, but we have helped each other to build our confidence and most important we trust each other.'

However, the women in the small group did describe finding mixed groups difficult and would welcome a women's group.

One member of the small group explained that her bridge builder had been off sick for some time and so she hadn't been able to do anything. Another mentioned being encouraged to try voluntary work at the local hospital but feeling very unsupported and distressed as a result. The reasons for this seemed to be related to the hospital staff's lack of understanding around mental health issues and the fact that they asked her to take part in an induction session which was focused on paid clinical staff and she felt was inappropriate for her needs as a lay volunteer.

Thinking about how the changes were introduced, some participants had attended meetings with commissioners and seemed to take the view that 'commissioners did not listen to us' and suggested that the process could have been better if their views were taken into account. There were also comments that the provider did not communicate well with service users particularly in relation to the move from Spurriers to Bush Fair.

Their suggestions for improvements were similar to those at the other venues including:

- the need for more information
- better communication both within the service and with other providers
- greater empathy and understanding of the needs of individual service users
- a return to longer opening hours.

In addition, they were concerned about the possibility of further cuts in services or changes which they experience as stressful.

They also made positive suggestions about the need for clarity around what the bridge builder role is and the importance of staff and service users having a shared understanding of the role. They suggested sharing good practice as a way of improving services where there are shortcomings.

Mid Essex

Rethink are commissioned to provide the service in Mid Essex. They offer a range of groups as well as bridge builder services but do not operate a drop-in service. As well as holding consultations with users of the Rethink services we organised a visit to a self help group in Halstead.

Chelmsford

We initially organised a consultation in Chelmsford as we have quite a wide membership there and planned to review the situation depending on how many people attended. Disappointingly, only six participants attended, only one of whom seemed to be using the existing services. It was apparent from comments that several had used the previous services although they did not complete that section of the monitoring form. One participant was attending a MIME consultation for the first time.

When asked about the impact of the changes the main issue raised was a long gap in service provision between the former provider closing and the new one starting to see clients – October to March. During that time service users had very little information about what was happening although there were attempts to set up groups to keep service users engaged. There were fears expressed that during that time many service users ‘fell through the net’, became withdrawn and stopped going out.

Chelmsford Mind provided the previous service and Rethink won the contract for the new one. However, Chelmsford Mind has recently started an ‘Active Minds’ service and one of the participants was very positive about how it was helping her to access mainstream activities with support – it ‘provides exactly what I need’. Several participants related to the need for support when trying to access mainstream activities.

When discussing whether the new services support wellbeing and recovery a discussion developed relating to cultural needs. One participant who explained she was from the Jewish community felt quite strongly that services lacked expertise in culturally appropriate interventions and ways of working. There was also some discussion about the different services that are provided in towns and rural areas and the inequalities of access that can develop as a result of transport difficulties. There were also issues reported with access to Rethink groups for people with physical as well as mental health needs.

The main reasons reported for not accessing the day services provided was lack of knowledge of what is on offer. Lack of information is a continuing theme in consultations. The majority of participants would have liked an up to date database of services that they could use as a directory, as GPs, psychiatrists and CMHT staff are often not well informed about services available in the voluntary sector.

One participant used a service provided by the Baptist church in Chelmsford where peers can meet and enjoy a meal together. When asked if they could change one thing about day services they came up with the same suggestions as peers in west Essex – a centre based service that offered group activities in a safe environment.

Following the low turnout at the initial consultation we contacted the provider, Rethink, for help in accessing individuals who are using the services they provide. They were very cooperative and sought permission from participants in their group activities for us to attend. As a result we were able to talk to users of the art group in Chelmsford, the photography group in Braintree and the women's group in Maldon. Through these groups we were able to access the views of approximately 20 people.

Although we had access to the groups we were aware that participants were giving up time to talk to us from the activities they normally pursue at that time and so it was not possible to collect detailed monitoring information.

Art Group – Chelmsford

The four participants at the art group who were available when we visited were positive about the group and valued the opportunity to get together with peers. They enjoyed the actual activity provided but it was the opportunity for peer support which seemed the most valued aspect of the service:

'Being with people who understand us is more important than the product. The Braintree group are more focused on the quality of what they produce. We are more interested in the quality of support we can offer each other.'

'I can just be myself – nothing is expected.'

When asked about the impact of the changes there were similar concerns to those in Epping, for example about admissions to hospital.

Although they reported a potentially serious impact of the changes, participants expressed a lot of sympathy for the bridge builders who were attempting to deliver the new service. They expressed concerns that caseloads were quite high and that staff seemed very stressed.

In terms of whether the new service assisted individuals to access activities in the community the general consensus seemed to be that the individuals in the group 'weren't ready' to do so. One participant who lived in a supported housing project which was also run by Rethink explained that he had used bridge builder services for a while but they were not able to help long term and now he just used the group.

Photography Group – Braintree

Four participants from the group attended and were happy to talk to our facilitators in the library where they usually met.

Members were aware of a range of activities provided by the Trust such as CMHTs, voluntary sector services such as Roundwood Garden Centre, which operates as a social enterprise cafe and garden centre offering training to vulnerable adults with learning

disabilities, and MCCH, which supports service users into employment, as well as the Rethink groups focusing on photography and art.

They expressed some anxiety about the future. One person reported her intention to set up an independent support group with a friend in January and one commented:

‘Big changes are afoot and they make me feel insecure – don’t know what is going to happen to you. I’m falling apart now’.

In terms of the impact of the changes, members seemed to feel that things had become worse for them. One reported that she had been making progress with the old service but the changes ‘pulled the rug from under me’. Another explained that she ‘fell through the net’ and her psychiatrist had to make several referrals before she actually saw a bridge builder.

There were mixed responses about whether the new services help people to access community activities. There was talk of a swimming group which was started by a bridge builder but service users were not able to sustain it when the bridge builder left. One participant was signposted to a church coffee morning but found it difficult to go on her own. Another participant gave positive feedback on a befriending service which helped him to access a museum and cafe by going with him. The general perception once again seemed to be that they felt safer and more secure with fellow service users who were more likely to treat peers with respect than members of the general public. One person had joined a kayaking club but had chosen not to disclose her mental health condition.

In terms of improvements, once again a drop-in centre where you could go and talk was the favourite and a plea to keep ‘Old Ivy Chimneys in Witham,’ which they seemed to feel was under threat.

Women’s group – Maldon

The group was well attended with about 12 women arriving fairly early, but more arrived during the course of the morning and were still arriving as we left. The group had originally met under the auspices of Maldon Mind, which was the previous provider. Rethink had continued to support it when they took over the contract but several volunteers also helped with running the group.

Peer support came across as the most valued aspect of the group but it was also clear that the group acted as a forum for information on services locally and that members seemed well connected to activities in their area, particularly those which were run by local churches. With support from volunteers they also organised the trips and holidays which service users in other areas had reported missing.

It seemed from discussions that there was some pressure from Rethink for the Women’s Group to either conform to the norm of other groups they support or become an independent service user group. Participants expressed anxiety about what they saw as pressure to make them fit into a box and comply with regulations set by the organisation and their fears around being left to try and support themselves.

The women in this group, as in all the others we visited, seemed to value the support they were able to give each other. They liked the consistency and the fact that the group was there for as long as they needed it.

Halstead

We made arrangements to visit the self help group, CABIN (Colchester and Braintree Isolation Network), in Halstead to get some views from people who had used the old service but set up their own group when the Colchester Mind service they used to access closed. There were ten people there when we visited. Only three reported using the new service but almost all had used the old service.

In terms of services they knew of, most participants mentioned the CMHT. They were pleased that CPNs referred individuals to their group but were largely critical of the service provided by the CMHT – ‘been there for help before but nobody there to help me’. However, several participants made positive remarks about NERIL (North Essex Resource and Information Line for mental health), which they felt was a helpful service.

In terms of the impact of the changes their comments were overwhelmingly negative and framed in terms of loss:

‘Pulled rug away.’

‘The old service was ‘a safe haven that caught people’ – it kept people out of hospital’.

They reported that CABIN was formed out of the anger resulting from the closure of the old day centre which had provided a variety of group activities, shopping trips, access to courses and guitar lessons. There were also suggestions that admissions to the Lakes had risen because of the changes to day services and the loss of the service provided by the old centres.

When asked about use of the new service, some people had tried it but most people were put off by the time limited nature of the support and their perception that they needed ongoing activities to support their wellbeing.

In discussing the ways in which the changes had been implemented several people felt that there should have been more time to work with service users to manage the change. They were disillusioned with the process of consultation because they felt that they had expressed strong views on how much they valued the old service and they were ignored.

For the minority who had tried to use bridge building services there were comments about cancelled appointments and also doubts expressed about the skills of bridge builders. A CPN brought someone along to the meeting while we were there and volunteered the comment ‘I bring people here because there isn’t anywhere else.’

North East Essex

Services in North East Essex are provided by Colchester Mind. They provide 1:1 bridge builder services and open access sessions but took the decision to close their drop-in service when the new contract was granted. We planned events in Colchester and Clacton.

Colchester

We have a relatively large membership in Colchester and so were hopeful that we would attract a good response. Previous events we have held there were well supported. We sent invitations to members via our Newsletter and also asked the provider to publicise events. (There was a problem with the latter as the administrator was on leave and the information was not passed on in time to help with recruitment to the Colchester event.)

Four service users attended but one was from Mid Essex. One was new to MIME and had experienced the old services as a carer for his wife but was now a service user himself, though not currently using the day services. One was attempting to engage with the new service and had experience of the old service, and another who was not using the current services had set up her own peer support group with help from the bridge builder service.

The new service user was accessing support in the form of an STR worker and counselling. He was aware of the open access sessions and bridge builder service, which he hoped to access following completion of his counselling.

The two service users who were aware of the open access sessions highlighted problems with equality of access and alleged that some service users seemed to be given priority when activities had limited availability and that there seemed to be problems with publicising the availability of certain activities.

There were comments about abortive attempts to set up a regular newsletter to keep service users in touch with opportunities to access services and provide information. There was initial interest in the groups that were offered but it was reported that this was now dwindling:

‘There seems to be a lot of conflict and dissatisfaction with the way things are run. There were so many people accessing the service that two groups were started but now there isn’t enough to keep one group going.’

‘Less than a year later, although the meetings are weekly, the number of people attending is low – sometimes only 6-8 people’.

It was also reported that sessions were closed due to staff sickness and mention was made of an independent service user support group which had been set up and then closed because of the illness of one of the key supporters.

In terms of the impact of the change, similar comments to other areas came up – drop-ins provided information exchanges for service users and that is missing now.

There were several comments at this and other events of the assessment process for Health in Mind, a partnership project between Rethink and the NHS Trust which provides counselling. Service users did not think it was appropriate to ask questions about difficult issues like suicide over the phone as it brings up difficult feelings which the service user is left to deal with on their own. Others reported a reluctance to access the service because they were offered an initial meeting in a library where they had previously overheard others being asked questions that should have been confidential.

The service user who had set up her own group was pleased with the support she received from bridge builders in terms of supervision and signposting to funding opportunities. Others reported difficulties with accessing the Towards Inclusion grant

because of repeated requests for the necessary forms which they said were not forthcoming.

There was a feeling that the new service met the needs of some people but many were left with inadequate support. It was suggested that bridge builders tended to favour those who were ready to move on but were disinclined or did not have the skills to engage with those who had more complex needs:

‘Seemed that they were more interested in helping the better off. Those more aware of how to handle their health problems or able to interact’.

Concerns were also expressed that many people who used to access the drop-ins could be regularly monitored and if they became unwell could be encouraged to seek support. Now many of them only see their GPs when they collect prescriptions and nobody is aware when they start to become unwell.

In terms of managing the transition there was a strong feeling that more information should have been provided about the changes and the decision making processes. There was talk of gaps in service which in one case was filled by a previous staff member setting up her own support group.

There was a feeling that a lot of valuable experience was lost when staff left as part of the change process and a view that new staff were taken on with little or no experience. As with other events there were suggestions that the time limited nature of the bridge builder service was a drawback. There was also a perception that the service attempts to fit the service user to the service rather than the other way round – ‘we are the customers – they need to find out what we want’.

There were strong calls for more user involvement in the transition and service planning generally – ‘it’s time the lunatics ran the asylum – we would make a better job of it’. There were also more serious concerns that paper work was put through without assessments because staff were too busy, and of breaches of confidentiality.

Clacton

Bridge builders in the area were extremely helpful in publicising the event and encouraging attendance. We were pleased that we had enough participants and the space to have two groups.

Fourteen people attended of whom ten were new to MIME events. As with other events, several participants did not complete all the sections on the monitoring form but five indicated that they were users of the current service. One had used the current service but no longer did so, one did not use the service but accessed support from a self-help group and two were carers. However, it was clear from comments made that the majority had experience of using the current service.

Participants referred to a variety of sources of support including CPNs, counselling and psychotherapy, Swan floating support and self help groups.

When asked about the impact of the changes several participants were able to point to positive improvements in their own situation:

‘[Workers] at Mind have been brilliant – really helpful.’

'They've put me through a course, phoned me quickly, they've moved me in the right direction. I want to mentor people... now I'm getting on with my life.'

'If it wasn't for [worker] finding him a respite place, setting up independent living and getting him a social worker I don't know what I would have done.' (Carer)

As in other areas there were a few who talked of angry feelings around the loss of the old service and the lack of information about how and why it closed.

When discussing whether the bridge builder service was meeting its remit of encouraging individuals to join in activities in their local communities a variety of positive examples were given:

- Supporting someone to learn to drive
- Help to join a gym
- Help to get out and go into town
- 'They come with me to the assessment centre at college and have faith in me when I have no faith in myself'
- 'Yes I go to college, never thought I would do that. I would be stuck in the village without them'.

But there were also comments about the variability of the service:

'It depends on who the bridge builder is as to the experience.'

'My friend has a different bridge builder and they did more for them.'

'Depends on what bridge builder you get'.

The time limited nature of support was also a concern for two participants:

'You need to be weaned off Pathway 2 just like your meds'.

'I've come really far but it is frightening'.

Another participant suggested having a three month holding period after using the service where people could self refer back if necessary without going on the waiting list.

Participants also missed the emotional support which they said the previous service had provided and asked where they were supposed to go for that. Again, there were calls for better cooperation between services.

Colchester Mind Group

As we had relatively low attendance at the event we organised in Colchester we successfully approached Mind to allow access to some of the service users who attend an open access group in Colchester. Nine people attended. One also volunteered with Mind and helped to facilitate other groups. As with the Rethink groups in mid Essex the majority of participants did not complete monitoring forms but it was clear from comments that eight were current users of the service and one had engaged with the new service but no longer did so.

In terms of services available, in addition to the group we visited, participants talked about using the following:

- Oxford Road
- Health in Mind
- Old Heath Community Centre
- Self Help group in Wivenhoe.

They also expressed regrets for the old Mind services which were lost and the expertise and skills of the staff that left when it closed. There was also a view as in other areas that they were not included in the decisions or discussions about the closure.

In terms of the impact of the changes fears around the extend of distress caused were expressed again. More general fears about benefit changes and further potential cuts in service were also raised. Most talked of feeling pressure to return to work when they did not feel well enough and in some cases said they were supported by their psychiatrist in that judgement.

When asked about whether the new service helps participants to engage more in the community, the majority felt that it did not as they reported on the whole that they only undertook activities with other service users and attributed that partly to fears around potential discrimination:

‘Re-integration (inclusion) was the aim but the same people and venues under a different system was the outcome. So we are not actually being included in the wider community.’

‘Principle of Community Bridge Builder was to get people into the community but we ended up mixing with the same service users.’

‘Non-service users don’t like us.’

One participant did make a more positive comment about the service:

‘Have been in services since aged 14 and now no support - was signposted by GP to this group and feel more reassured and with somewhere to turn to.’

There were also some positive comments about successful signposting to adult education alongside concerns about the lack of local knowledge of some bridge builders and the poor availability of talking therapies in the area. Some people also expressed fears about setting up their own group as that might lead to cuts elsewhere.

When asked for suggestions about how the changes might have been managed better there were the by now familiar calls for a return to the old service and regrets that Oak House had been sold. Some participants mentioned fears about expressing their opinion of services in case they were withdrawn.

Suggestions for the future included:

- More robust evaluation of services which includes qualitative analysis of service user feedback – not just number crunching

- Investment in more talking therapies
- Good support for carers
- 1:1 sessions with staff who are empathic and also have a good knowledge of services available to help with accurate signposting.

There were further comments about the lack of consistent quality in service delivery as a result of the varying abilities and knowledge of staff members.

Some concerns were also expressed about independent peer support groups:

- What happens when the person who set them up becomes unwell
- Exclusivity – permission to attend is in the hands of the facilitator
- Who monitors what happens in the group – concerns were raised about the harm that can be done when the wrong advice is given to vulnerable service users.

Wickford, Rochford and Castlepoint

As MIME membership in this area is relatively low we approached the provider at the beginning of the evaluation for help with publicity and advice on venues. Panorama House is situated in Wickford and we therefore decided to hold an event nearby in the hope that service users would find it easy to access.

Unfortunately only one user of the service attended along with someone from Colchester who had been unable to attend the meeting there.

However, the feedback the Wickford service user gave was detailed and very positive:

‘I’m very happy with Panorama House and my bridge builder is brilliant’.

She went on to explain that she has problems with getting out and about and the bridge builder had supported her to access public transport and go into shopping centres again.

She did express regrets about the changes that were implemented as a result of the new contract and in particular the loss of the computer courses. She described accessing activities in the community but only as part of a group of peers and explained that she feels she needs that support until she gains confidence and is able to access services on her own.

There was praise for the support provided to begin volunteering. The key to success seemed to be the targeted nature of the support and finding an opportunity that took into account the things she could manage at the moment and did not set the bar too high.

When asked about how the changes could have been made easier for service users she used a vivid metaphor:

‘They could have done it without doing it like a wire through cheese – cutting half of it away’.

Participants in the group we later attended at Panorama House also regretted the loss of the courses which the old service provided but were positive about the new service:

‘Yes, getting out and about.’

‘We can do our own activities that we organise.’

‘We organise our own activities which take place in the community, giving day to day contact with other people.’

‘The photography group goes into town and often stopped by people and that way we chat with them too.’

They clearly valued the support from staff in the service:

‘Support is down to the level of effort the staff put it.’

‘Above and beyond the call of duty.’

‘Panorama House staff monitor us, always call if haven’t been around for a few days. Always an ear to listen to you.’

‘Far superior service from here - for some people this is their lifeline. Without it they wouldn’t go out.’

In terms of what might have made the transition easier participants felt their voice was not heard in the consultations that preceded the changes and expressed doubts that their comments had been read. The perception was that the changes were inevitable and the consultation was really only an opportunity to tell people what was going to happen rather than a genuine opportunity for service users to influence development of the new service.

Regarding improvements for the future, like participants in other areas, they would like longer opening hours, a service at the weekend and help with transport to get to sessions. They felt that the groups provided were the important and necessary first step to building confidence and the majority felt that Bridge Building was the second step if and when individuals were ready to become a bit more independent.

Serious concerns were expressed about the future as the building they use for a base is unsafe and they will have to find new premises.

Discussion

As stated in the Introduction our intention in undertaking the evaluation was to seek the views of the following groups in the four areas where Essex County Council commissions day services:

1. Current users of at least one aspect of the revised services
2. People who used the previous services but do not use the current services
3. People who have used the new services but no longer do
4. People who are eligible to use them but don’t
5. Carers of people who use and don’t use the day services.

We had hoped to set up separate groups for each category but the events we were able to organise resulted in tables of mixed groups. This was due to varied numbers attending events and participants’ own preferences, for example to sit with people they knew.

In spite of these difficulties we did manage to talk to people from each of the groups identified. Few carers attended but there were some at events in West and North East Essex.

We had relatively good representation from groups 1, 2 and 4 but fewer people from group 3. Some had used bridge builder services and no longer did so, either because they were time limited and they had used them for the permitted time, or because they had used them for a while but found them unsatisfactory and discontinued. The group which were the hardest to access were those who had successfully used the service and moved on because they no longer needed to access social support. However, two respondents to the web survey were in this group and further data may also be available via normal monitoring procedures.

It was relatively easy to gain access to individuals who use the open access or drop-in sessions where available with help from the provider organisations but slightly more difficult to access individuals who may just be using the 1:1 support offered by bridge builder services.

Although we only made a specific visit to one service user run self help group in Halstead, we did attract participants who were or had been members of self help groups across the north of the county.

We were pleased that we managed to talk directly to approximately 140 individuals and also accessed the views of 33 people via the web survey. Although there were some areas which raised specific local issues, there were several themes which emerged in all the areas:

- The high value accorded peer support opportunities
- Positive feedback on bridge builder services where they were working well
- Feelings of loss and regrets around services which were no longer available or had changed significantly
- A perception that service users' views were not attended to in the original consultation process and in the transition.

Peer Support

In all the meetings we held and in the groups we visited the strongest theme was the support that service users give each other and the high value they placed on peer support opportunities. They liked the groups provided in the services that continue to provide some drop-in hours, open access sessions and activity groups. In common with views expressed in all our previous consultations, they valued the empathy which other people with lived experience bring to a group and the safety in terms of freedom from stigma which they provide.

There were examples of service users benefiting from groups they had set up themselves but also many who considered the support provided by individual staff (both paid and unpaid) for groups as essential. Service users at Panorama House gave a clear explanation of how they see the groups as an important first step on many individuals' recovery journeys. They felt that it was only when individuals had built their confidence in the safe and nurturing atmosphere of a group that they would feel strong enough to go on to access support in mainstream services which are provided in the wider community. One

of the six respondents to the web survey who did not use day services echoed this view, commenting that recovery is a continuum and people may at times need the security of a permanent meeting place.

Feedback on Bridge Builder Services

It was clear that although some people attending the events were unhappy with the services provided, others have found the 1:1 support provided by bridge builders very helpful. We heard several examples of good practice supporting individuals to become more independent, better able to use mainstream activities to support their wellbeing and even begin to think about volunteering and in some cases returning to work. Service users who had benefited were keen to share their experiences as a way of encouraging others to engage with the service. This positive feedback was reinforced by results from the web survey, with 80% of current service user respondents and both of those who no longer used the services reporting high levels of satisfaction.

However, the less positive comments are also important because they give potential clues to the reasons why the service works better in some areas than others. What became clear from the stories that individuals told was the varying quality of the service provided, even within the same organisation.

It seems clear that the skills and knowledge of individual bridge builders is an important factor in the relative success or failure of the services from the service users' perspective. Service users were able to give examples of the qualities and skills that facilitate an empowering relationship. They benefit from:

- the capacity to offer empathy – some sense that the worker can understand the world of the service user
- local knowledge and the ability to communicate that to the people they work with
- networking skills to facilitate good communication with other providers including the Trusts.

Factors that caused concern for service users were:

- a lack of a shared understanding of what bridge building can offer and achieve
- limited confidence on the part of service users that bridge builders have the skills to support their complex needs
- the time limits on 1:1 support – in some cases this was reported to inhibit individuals accessing the service
- concern about pressure to move on too quickly
- loss of staff with skills, knowledge and experience.

These factors were exacerbated by:

- gaps in provision when services changed – particularly in mid Essex
- a high staff turnover reported in some services
- reported sickness absence among staff that was said to lead to withdrawals of support at short notice.

When considering changes to improve the service in the future commissioners may wish to provide more guidelines on the training and supervision arrangements for staff working

in day services. Service users suggested sharing good practice in order to support those services or individual members of staff who are performing less well.

It also seemed that many service users were not clear about the bridge builders' role and some appeared to see peer support and other group activities as an alternative to 1-1 support, rather than seeing these services as complementary. The provision of more information might therefore both help service users to have more realistic expectations of what can be achieved, and increase awareness of the complementary nature of the range of support available. A lack of information about the services available was also the reason given by seven of the eight web survey respondents in the group who do not use services for not doing so.

Feelings of loss around services which have closed or changed significantly

It is difficult to separate out the feelings of loss expressed in all the groups and we cannot with certainty attribute them solely to the impact of changes to day services provision, although it is understandable that service users might see the changes as the reason for the increased anxiety and distress they reported. In circumstances where people feel under pressure it is also not uncommon for them to look at things in the past through a rose tinted lens, but it is important to note that the concerns expressed were not merely nostalgia for the past.

It is arguable that in the past service users were 'taught' to look to professionals for support and there was little encouragement to build individuals' personal skills and confidence in managing their own wellbeing. Some of the comments at the consultation events about service users having to make their own drinks and feeling that premises should be provided for them to meet seem to support this view. It is perhaps therefore unsurprising that some service users experience recovery based services as pressure from 'uncaring' professionals to move on. Building trust and demonstrating an empathic understanding is essential when attempting to challenge a dependency which has been created over many years.

Service users have suggested in this and other consultations that there is a need for more training for all staff from a service user perspective on the best way to deliver recovery based services. Perhaps a good start would be to build on the excellent work of the North Essex networking event and provide more opportunities for services and staff to get together to explain to each other what each can provide in terms of building a holistic package of support to facilitate individual journeys of recovery. The need for better communication and cooperation between providers is a consistent message coming out of all our events.

Lack of a voice in managing transitions

We are aware that commissioners went to some trouble to consult with service users before the changes were implemented and continue to do so, as the request for this evaluation demonstrates. Nevertheless, since the first MIME event at the beginning of 2010, service users have expressed concerns that they were not consulted or that having been consulted their views were ignored. The explanation may be that for a service user who has grown to rely on a particular service, any change to that service may result in them feeling that their wishes have not been taken into account.

While comments about not being consulted were difficult to untangle as they seemed to refer to both commissioners and providers, the evaluation seems to indicate that the problem was compounded by provider organisations not working closely enough with their service users to manage the change. In some areas the 'vacuum' reported when both services and the provider changed appears to have been a compounding difficulty.

Finally the budget cuts imposed after the changes were implemented, although unrelated, were unfortunately seen by some service users as further proof that saving money was the motivation behind the changes. In this context it is perhaps not surprising that despite the good intentions and best efforts of commissioners and staff, service users who took part in the consultation events and the majority who responded to the web survey were dissatisfied with the consultation process. These views suggest that that consultation processes would benefit from being planned with service user input in the future.

Conclusions

Taken together, the consultation events reported here and the results from our web survey indicate that the current services are working very well for some people, but less well for others. Based on service users' own suggestions and our analysis of the results, steps that might be considered as the day services develop include:

1. Exploration of ways in which a range of peer support initiatives might be fostered to meet the need expressed for safe, secure groups at stages within individual recovery journeys.
2. Guidelines on the training, monitoring and supervision required for staff working in day services, including in relation to service users with more complex needs, if these are not currently included in contracts.
3. Establishment of a forum for staff across services to share best practice.
4. Service user-led training on the delivery of recovery-oriented services.
5. Concerted efforts on the part of providers to ensure that information is widely available about the current services.
6. Planning consultation processes about changes in services with service user input.

APPENDIX A - Proposal

1. Background to the proposal

In their report on the consultation on Day Services Modernisation, ECC and the North Essex PCTs committed themselves to commission an evaluation of the impact and implementation of the new model. MIME was asked to carry out the evaluation and a draft proposal was discussed at the meeting with commissioners held on 5th August. This second draft has been developed following further discussion with the commissioners and within the MIME steering group. Key points of clarification from these various discussions are:

1. The brief is to assess how day services have been implemented since the review that informed the modernisation initiative.
2. The work required is an evaluation to assist commissioners to:
 - Assess how services are performing against the service specification
 - Make a judgement on whether the service specification and subsequent delivery has met commissioners' expectations around impact and outcomes.
3. While the ECC commissioners have identified a need for wider stakeholder views to be included in the evaluation, MIME is commissioned only to provide a service user and carer perspective. It was noted that ARW, a partner organisation in the MIME project, has the expertise to work with other stakeholders if required.
4. The day services to be included, pending a decision by the health service commissioners in South Essex as to whether they wish extend the evaluation to the services they commission, are those commissioned by ECC in North Essex, Wickford and Rochford and Castlepoint. The South Essex health service commissioners will be provided with this proposal to assist them in deciding whether they wish to extend the evaluation.
5. Commissioners wish to seek the opinions of:
 - Current users of at least one aspect of the revised services
 - People who used the previous services but do not use the current services
 - People who have used the new services but no longer do
 - People who are eligible to use them but don't
 - Carers of people who use and don't use the day services.

The proposal put forward in the next section takes account of these points.

2. Draft proposal

In order to involve as wide a range of people as possible from the groups outlined above we will use three main approaches:

4. Consultation meetings with service users and carers from the relevant localities
5. Visits to peer support groups

6. A web-based survey.

Because some of the groups whose views are important may be more difficult to recruit than others, depending on recruitment figures we may also include targeted discussions with people from specific groups towards the end of the evaluation.

The approaches proposed are described in turn below, followed by an outline timetable. We hope the evaluation will provide opportunities for our emerging service user research group in North Essex to gain experience, as well as for our more experienced service user facilitators and researchers.

Consultation meetings

We will seek the cooperation of provider organisations and carers groups in publicising a series of consultations across the relevant localities. A minimum of four and a maximum of eight meetings will be held depending on the response. If necessary participants can be divided into smaller groups should numbers be too large for detailed discussion in some localities.

The consultations will begin with an open question exploring how well the current day services are working in order to minimise the possibilities for constraining discussion at too early a stage. To ensure that a similar range of information is obtained across groups, although specific responses may well vary of course, follow up questions will explore how well the service transition was managed and what could have been done better, and how well the current day services are meeting the aims of supporting recovery, social inclusion and wellbeing. Participants will also be asked to identify any gaps in current provision in relation to these aims.

We will use our usual monitoring form to obtain background information about participants, with the addition of questions about day service use before and after the service transition, in order to ascertain whether more targeted discussion groups are necessary.

Participants will be offered a gift of £15 to thank them for their time and expertise in addition to reimbursement of out of pocket expenses.

The meetings will be facilitated by MIME service user members. Notes will be taken either by MIME service user members or other members of the MIME team. The notes will be analysed and written up by members of the MIME steering group with assistance from MIME service user and carer members.

Discussions with peer support groups

It appears that some people who used the former day services may have developed peer support groups rather than using the current day services. These groups could therefore provide valuable information for the evaluation and we have included a notice in our August newsletter asking our members to advise us of any groups in their local areas. We understand that the ECC commissioners are also seeking similar information.

Once groups have been identified we will arrange a series of visits in order to gain information about the groups and the views of their members on issues relevant to the evaluation. This would have the added benefit of providing information on groups which we could then make available to service users and carers via our website.

While discussions during the visits will be informal we will raise questions central to the evaluation, for example about whether members are aware of day services in their area, the relative advantages and disadvantages of day services and peer support groups, how well the service transition was managed, whether members would consider using day services in the future and what changes if any would encourage them to do so.

We will offer each group a small donation in the region of £50 to thank them for helping us with the evaluation, or, if they prefer, a gift in kind, such as a small item of equipment for their use.

One member of the MIME Steering Group will be present at all the visits to help ensure a measure of consistency and will be accompanied by another MIME member. Although the visits will be informal, we will ask members if they would mind us taking notes. If they do not wish us to do so we will use audio/memo recorders to record the information obtained as soon as possible afterwards.

The notes and/or recordings will be analysed and written up as for the consultation meetings.

Web-based survey

We are mindful of the fact that some service users and carers do not readily attend meetings and we therefore propose advertising the opportunity for them to feed into the evaluation via our website. Because some people prefer to answer open questions, while others prefer tick box responses, we will offer the opportunity to do either or both. The open questions will be based on those used during the consultation meetings and visits to groups. Closed, tick box questions will be developed by our emerging service user research group in North Essex with support from an academic member of the MIME team in order to enable them to gain experience in survey design. The same team will analyse and write up the information obtained.

Targeted discussion groups

If our monitoring information from the consultation meeting reveals gaps in terms of participation from some groups (those listed at point 5 in section 1) we will draw on attendance records from the meetings and on a survey of our members to identify people who may be able to provide the information needed. Those identified will be invited to join a small group discussion which will augment and/or expand on the information obtained through the other approaches. The number of groups will depend on need but we anticipate a maximum of three held in reasonably accessible locations in terms of transport.

Topic guides specific to each group will be developed by the MIME steering group. Organisational arrangements will be as for the consultation meetings

3. Proposed timetable

Assuming that a proposal is agreed by the end of August, work on the evaluation will begin in September with a final report delivered in December. An outline timetable for core activities is provided below.

Activity	Sept	Oct	Nov	Dec
Contact day service providers to ask for help with mapping & recruitment				
Meetings with service users who will work on the evaluation				
Development of web-based survey				
Training sessions for facilitators and note takers				
Consultation meetings				
Visits to peer support groups				
Targeted discussion groups if required				
Analysis and writing up				
Report				

NB: If the South Essex health service commissioners wish us to undertake a similar or joint evaluation then the time frame would need renegotiation.

APPENDIX B – Topic Guides



Making Involvement Matter in Essex

Draft guidance for facilitators – Essex County Council Day Services Evaluation

Facilitators to:

- introduce themselves and note takers
- thank people for coming
- house keeping
- ground rules.

Explain the purpose of the meeting

The team from Essex County Council who commission day services in your area have asked MIME to carry out an evaluation of how the day services have been implemented since the changes that were made in 2009. We are holding meetings in all the day service areas to find out

- how the new services are working/not working from the point of view of service users and carers
- why some people don't use them
- what has been the impact of the of the changes
- what lessons can we learn from the change process in terms of managing major changes to service models

Our discussion today should take about an hour. There are post it notes for any written comments people would like to make.

Explain what will happen to the information people give

After all meetings have been held we will write a report for the commissioners. Although some of your comments may be used in our report, they will be anonymous and you will not be identified in any way. The commissioners will use our report to see if any changes are needed to the way the new day services are being implemented. They will not be re-commissioning the services but they may want to make some changes to how they are working at the moment if they think the evidence you provide indicates that a change might be beneficial.

Ask participants to introduce themselves and say briefly why they decided to attend the meeting.

Topic Guide for people / carers of people currently using day services who also used the previous services

Q1. Could you start by telling us what day services you know of that are available in your area?

Probe for type of service, location and provider

Q2. A change in the way day services were delivered in your area took place in 2009. In your opinion who was responsible for that change?

Probe for how they know that and whether they were involved in the consultations prior to the change.

Q3. Could you start by telling us whether the changes that were made to day services in 2009 have affected you and if so how?

Probe for both positive and negative experiences. Ask for examples of both.

Q4. It was hoped that the new services would help you to join in with activities in your local community. In your experience do they?

Probe for examples of how they are helping and reasons why they are not

Q5. It was also hoped that the new services would support service users' wellbeing and recovery. In your experience do they?

Probe for examples of how they are supporting wellbeing and recovery and reasons why they are not

Q6. Thinking back to how the changes were introduced, could anything have been done differently to make the changes easier for service users and carers?

Probe for specific examples

Q7. If you could change one thing about the day services you [or your relative/friend] are using, what would that be?

Q8. Is there anything else you would like to say about the topics we've been discussing?

Thank you very much for your time today, what you've told us has been very useful.

Explain what happens next – notes of meeting, accessing report, commissioners' response

Topic Guide for people / carers of people *not currently* using day services but who did use the previous services

Q1. Could you start by telling us what day services you know of that are available in your area?

Probe for type of service, location and provider

Q2. Could you tell us whether the changes that were made to day services in 2009 have affected you and if so how?

Probe for both positive and negative experiences. Ask for examples of both.

Q3. Are there specific reasons why you [your relative/friend] don't use the current day services?

Probe for both positive reasons, eg at a stage of recovery where no longer need to use day services, as well as negative reasons to do with the current or former services

Q4. Thinking back to how the changes were introduced in 2009, could anything have been done differently to make the changes easier for service users and carers?

Probe for specific examples

Q5. If you could say one thing about day services, what would you say?

Q6. Is there anything else you would like to say about the topics we've been discussing?

Thank you very much for your time today, what you've told us has been very useful.

Explain what happens next – notes of meeting, accessing report, commissioners' response

Topic Guide for people / carers of people who are eligible to use day services but have not used them in recent years

Q1. Could you start by telling us what day services you know of that are available in your area?

Probe for type of service, location and provider

Q2. A change in the way day services were delivered in your area took place in 2009. In your opinion who was responsible for that change?

Probe for how they know that and whether they were involved in the consultations prior to the change.

Q3. What are the reasons why you [your relative/friend] don't use those services?

Probe for both positive reasons, eg at a stage of recovery where no longer need to use day services, as well as negative reasons to do with the day services

Q4. Could the day services be changed in any way that would make you think they could be helpful to you [your relative/friend]?

Q5. Thinking back to how the changes were introduced, could anything have been done differently to make the changes easier for service users and carers?

Probe for specific examples

Q6. If you could say one thing about day services, what would you say?

Q7. Is there anything else you would like to say about the topics we've been discussing?

Thank you very much for your time today, what you've told us has been very useful.

Explain what happens next – notes of meeting, accessing report, commissioners' response

Topic Guide for small mixed groups

Q1. Could you start by telling us what day services you know of that are available in your area?

Probe for type of service, location and provider

Q2. A change in the way day services were delivered in your area took place in 2009. In your opinion who was responsible for that change?

Probe for how they know that and whether they were involved in the consultations prior to the change.

Q3. Could you tell us whether the changes that were made to day services in 2009 have affected you and if so how?

Probe for both positive and negative experiences. Ask for examples of both.

Did you or your cared for person use the previous services. Have you/them used the new services. Do you/them use peer support groups – which ones?

Q4. It was hoped that the new services would help you to join in with activities in your local community. In your experience do they?

Probe for examples of how they are helping and reasons why they are not

Q5. It was also hoped that the new services would support service users' wellbeing and recovery. In your experience do they?

Probe for any examples of how they are supporting wellbeing and recovery and reasons why they are not

Q6. Is there anyone here who does not use the new services? If yes would you like to tell us why you [your relative/friend] don't use those services?

Probe for both positive reasons, eg at a stage of recovery where no longer need to use day services, as well as negative reasons to do with the day services

Q7. Thinking back to how the changes were introduced, could anything have been done differently to make the changes easier for service users and carers?

Probe for specific examples

Q8. If you could change one thing about the day services you [or your relative/friend] are using, what would that be?

Q9. Is there anything else you would like to say about the topics we've been discussing?

Thank participants and explain what happens next – notes of meeting, accessing report, commissioners' response